

Minutes

Trauma System Oversight & Management Committee

December 1, 2005

Called to order at 11:00

Adjourned at 13:39

Location: Virginia Hospital & Healthcare Association

Meeting called by: Morris Reece

Chair: Morris Reece

Ex-Officio/Staff: Paul Sharpe, Russ Stamm, Christy Saldana, Jodi Kuhn

Attendees: Barbara Hawkins, Elton Mabry, Kathy Butler, Kevin Dwyer, Linda Sayles, Lisa Clapp, Lou Ann Miller, Nancy Martin, Patrick Earnest, Sonia Cooper, Stanley Heatwole, Susan Ward, Tommy Earnest, Patrick Earnest, Carol Gilbert, Maureen Waller, Betti Prentice, Don Wilson, Elton Mabry, Matt Hanley, Raymond Mahkoul, Ric Cole.

Guest: Diana Malik.

Agenda topics

Approval of June 15, 2005 Minutes

Attendees introduced themselves. A motion to approve the September 1, 2005 minutes as presented was made by Barbara Hawkins and seconded by Maureen Waller. The minutes were unanimously approved.

Chair/Vice-chair Report

Chair; there is an issue with some hospitals not reporting to the trauma registry. Morris requests suggestions of an alternative method to gaining compliance prior to reporting non compliant hospitals to the Attorney Generals Office. After discussion the VHHA has agreed to follow up with hospitals that are not submitting to the trauma registry. Susan Ward from VHHA requests an up to date list of the non compliant hospitals as well as copies of prior communiqués.

OEMS Updates

Since the last TSO&MC Meeting the following centers have undergone a verification site review; UVA verified for three years as Level I, with no deficiencies noted, Riverside verified for three years at Level II with no deficiencies noted, Virginia Beach General verified for three years at Level III with no deficiencies noted. Also Roanoke Memorial underwent a verification site review. OEMS is awaiting the final report from the site review team leader; however the preliminary report is that the center will be recommended for verification for a period of six months secondary to deficiencies needing to be corrected.

A Committee discussion was held on any issues that were raised by OEMS or the centers that underwent site reviews this year. The question was posed whether the new criteria or the interpretive guidelines posed any issues, no comments were made. Riverside raised the issue of the difficulty with making electronic medical records available. OEMS agreed this was an issue this season. The conclusion was that OEMS would draft written criteria for the medical records that would be available to site review teams when performing

reviews.

The Statewide Trauma Triage Plan was approved by the EMS Advisory Board on November 18, 2005. The work group that was assembled will continue on as the State Trauma Performance Improvement Committee. This committee will be a sub committee of the TSO&MC and will meet regularly to address trauma PI issues as outline in the Trauma Triage Plan and in § 32.1-111.3 of the *Code of Virginia*. Don Wilson to Chair this committee.

The interpretive and administrative guidelines that are to accompany the trauma center criteria were also approved by the EMS Advisory Board on November 18, 2005. This will complete the resource manual for hospitals and it will be finalized and sent for print.

PPCR; the Chair asked for an update from OEMS. OEMS reports that a committee had been meeting to develop a plan to update the PPCR program. The committee drafted an RFP to organize what Virginia should seek in a new prehospital data reporting system. This draft RFP was sent with a “memorandum of decision” to the Assistant State Health Commissioner for approval to place the BID out to the public for open competition. A decision from the Commissioners Office remains pending. The request was submitted on August 15, 2005.

OEMS Staff request that if the proposal should be approved that the TSO&MC adopt responsibility for the PPCR Program. At this time no sub committee of the EMS Advisory Board is assigned the task of overseeing PPCR.

Diana Malik (OIM Manager) with an update on the trauma registry. Implementation of the “flat file” download program was presented on September 29, 2005. There are ten hospitals that need to be implemented with this download process. At this point four are involved in the process. The OIM is in the process of contacting the others. UVA having internal issues and have not downloaded. Kathy Butler raised the discussion of properly approving the use of the newer data elements. States in the past the EMS Advisory Board has always approved changes to the trauma registry’s data elements. She states due to the fact that the additional elements are patient identifiers, that UVA should hold off submitting their data until the newer data elements are approved. The Chair will present the new data elements as an action items at the February 2, 2006 EMS Advisory Board meeting. (the list of data elements was read allowed for the committee)

[Addendum February 6, 2006: During the 2/2/06 TSO&MC Meeting the minutes were approved with the stipulation this addendum be added stating that it should be identified when the additional data elements were added to the trauma registry and assure that they were approved as stipulated in the *Code of Virginia*.

OEMS shortly after the 2/2/06 meeting performed such research and discovered that the current set of data elements were indeed approved during the April 1997 Virginia Board of Health Meeting. End Addendum.]

Security of patient information submitted to the registry was also discussed. OIM and OEMS staff explained the security involved in the collection of trauma registry data. Morris request that Robin Kurz be consulted.

	<u>Review HRSA Grant and EMS Plan Goals</u>	
<p>Morris introduced the document that contained a list of goals. The list of bullet items from the GAB read. Morris reminded the Committee that the goals listed, were a compilation of goals initiated by the JLARC Study, Trauma Grant items and the BIS pilot performed at this years trauma conference. Morris suggests we meet twice instead of once before June. Therefore we would cancel the March TSO&MC Meeting and instead have two meetings, one in February and the other in April. Matt Hanley asked what deliverable Morris wanted to develop prior to the June 2006 trauma conference. Morris stated he wanted to see us take a skeleton strategic plan to the June 2006 conference and attempt to leave the conference with a final version of a trauma system strategic plan.</p>		
	<u>Trauma Fund Panel FY07</u>	
<p>Trauma Fund Panel for 07. The list of panel members from last year given and that PJ needs to be replaced. Morris requests a level III RN volunteer to replace PJ. Tommy Earnest offered to sit on the panel and was accepted by the Committee. The FY07 Trauma Fund Panel will be Paul Sharpe (OEMS), Morris Reece (Chair TSO&MC), Carol Gilbert (State OMD), Rao Ivatory (VCU Medical Center), Matt Hanley (Lynchburg Hospital), Tommy Earnest (Montgomery Regional Medical Center).</p>		
	<u>VHHA Technical Advisory Panel (TAP) Update</u>	
<p>Susan Ward for the VHHA TAP. The TAP met recently and the main agenda item for the meeting was to explore the TAP's position on the future of the trauma fund. The TAP discussed the current demands on the state budget. The VHHA board is involved in other funding legislation, such as reimbursement rates. The topic of redirecting criminal justice funds to the trauma fund has been meeting resistance. Legislators have heard that people cannot afford to reinstate driver's licensed and causing people to be driving without them. The TAP is looking into the redirecting Medicare and general fund monies to trauma instead of sources that increase burdens on individuals. VHHA is starting a database to help document what the needs are for trauma center.</p>		
	<u>Trauma Nurse Coordinators Report</u>	
<p>No report.</p>		
	<u>Betti Prentice – PIRC</u>	
<p>Betti Prentice, is with the Physicians Injury Reduction Coalition (PIRC), which was started by the level I directors and expanded to level II & III Centers if they choose to participate. PIRC also includes Pediatrics, the ENA and Emergency Medicine MD's. PIRC is active with injury prevention activities. They have formed a sister organization called the Virginia Injury Prevention Society (VIPS), as an injury prevention advocate group. There are 100 delegates in Virginia and VIPS needs more advocates to work with these delegates. Health care providers are encouraged to participate in this process. (Sign up sheet distributed and Web address given www.abateofva.com.) Press conference will be held on December 19 with Dr. Aboutanis.</p>		
	<u>Trauma Center Updates</u>	

Montgomery Regional Medical Center; staff will be attending “Triage First”; MPMC will be switching to a five level acuity triage system. **Carilion New River Valley Medical Center (CNRVMC).** Trauma volume has increased. A four bed fast track area has been opened in the Emergency Department. The fast track area is open seven days per week and has been seeing about 900 patients. CNRVMC staff has also attended “Triage First”. **UVA** has undergone four site visits; CMS, the Fire marshal, JCAHO and trauma center verification. The trauma service is preparing short and long term plans for the program. Interviews are being held for another trauma surgeon. They are hoping to fill this position by June. **Sentara Virginia Beach General Hospital (SVBGH)** recently underwent a verification site review visit. As a new coordinator Sonia states the site reviews was educational and she is still learning her new position. **Carilion Roanoke Memorial Hospital (CRMH).** CRMH is working on revising some of its trauma program policies. **Inova Fairfax Hospital** is in the process of requesting more MD positions. Currently Inova is hiring two more MD’s for a total of eight. Inova functions under a “surgical/critical care” model. Dr. Dwyer; Inova sponsored its annual Trauma Symposium in November and the event was successful, there were 175 attendees. Rafaat has completed an incredible report on pedestrian injury. Inova has experienced some difficulty with neurosurgeon coverage and are planning to hire permanent staff to resolve this issue. **Lynchburg General Hospital (LGH)** has recently converted to a new information system and is having a difficult time with the new electronic medical record system. The Medical Director from CRMH has recently come to provide a trauma lecture at LGH and to provide feedback on patients that had been transferred from LGH to CRMH. LGH is also thinking of revising the two tiered trauma response based on registry evidence. **Riverside Regional Medical Center;** the hospital’s annual Trauma Symposium will be held on March 31, 2006. RPMC underwent its verification site review. The review went well. During the month of October Riverside sponsored a trauma awareness campaign titled the “Legacy of Hero’s”. The hospital has also been actively talking to legislators about trauma funding. VCU Medical Center; a program titled “Point Counter Point” will be held by the ACS in June. VCU and OEMS have considered hosting a Mid Atlantic TNC meeting before the PCP Meeting. The meeting sponsored by VCU/OEMS would be a Best Practices workshop. Magnet is now visiting VCU. JCAHO will be visiting sometime between January-March. ACS is coming December 12-13 for trauma center verification (Dr.’s Coscia and Thal). VCU’s annual Trauma Symposium will be held on April 18, 2006. The focus of the symposium will be on end of life issues. There will be an ATCN course in March and November, check the web site for dates. The new position of Pediatric Trauma Coordinator has been filled. **Southside Regional Medical Center;** the volume of patients that are victims of violent crimes has increased. Surgeons have been going to OR more frequently with trauma cases. Just concluded a TNCC class, the hospital is attempting to get more OR and ICU staff trained in TNCC. **CJW-Chippenham and Johnston Willis;** our facilities are adjusting to the new St. Francis Medical Center opening in our area. CJW administration is considering of staff reductions. CJW now has an air medical service called Skystat. There have been recent visits by JCAHO and the Fire Marshall. CJW has achieved stroke center accreditation and we are attempting to increase our number of physicians.

Sentara Norfolk General; we have two new nurse practitioners starting and have one physician assistant that has been deployed with the military. These additional staffs will help us reach our goal of mid levels. Norfolk General’s number of burn patients has increased. We are not sure at present what the cause of this increase in burn patients is, but it is being explored.

Don Wilson for the **EMS Regional Councils.** JCAHO was recently visiting a Virginia Hospital and witnessed an ambulance that was left unattended with its keys still in the ignition. JCAHO staff took the keys and secured the ambulance. The agency involved challenged JCAHO’s authority to do this, but JCAHO has the right to explore matters of safety at hospitals. Hospitals do need to pay attention to how EMS behaves on their property.

	<u>Old Business</u>	
none		
	<u>New Business</u>	
Sonia mentioned there has been a rise in the use of cellular telephones with camera's on the scene of EMS responses. There was a recent serious pediatric trauma that this occurred at and she just wanted to raise awareness of this new issue.		

Meeting was adjourned at 13:39.

2006 Meeting Dates (to be held at "The Place")

February 2, 2006 (The February & April Meeting have replaced the March Meeting)

April 6, 2006

June 18-21, 2006 3rd Annual Trauma Leadership Meeting @ Virginia Beach

June 21, 2006 (at Virginia Beach)

September 7, 2006

December 7, 2006

Trauma Nurse Coordinators will meet at 10:00 am, followed by TSO&MC at 11:00 am